

## BABIES FIRST SURVEY

1. How did you learn about the program? (Check one)

- ☐ Your Health Network
- ☐ Babies First Brochure
- ☐ Babies First Poster
- ☐ Insurance Preparer
- ☐ Other (please specify)

2. Why did you decide to participate?

.....

.....

.....

.....

3. Comments or suggestions:

.....

.....

.....

.....



State of Tennessee, Department of Finance and Administration  
 Authorization Number 317301. January 2003. 5,000 copies.  
 This public document was promulgated at a cost of \$0.08 per copy.

If you require this publication in an alternative format due to a disability, please contact the Division of Insurance Administration's Communications Office at 615.741.8669 or 1.800.253.9981.



A prenatal care program for expectant mothers in the BlueCross BlueShield of Tennessee Preferred Provider Organization (PPO) or Point of Service (POS) health care options

## Working Well

The State Employee Wellness Program

Division of Insurance Administration  
 Department of Finance and Administration

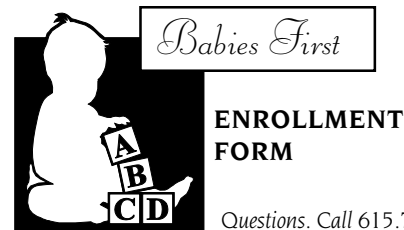


Because we want to help you have the healthiest baby possible, the state offers Babies First, an incentive program to encourage and support early parental care. It is available to employees and covered dependents who are enrolled in the BlueCross BlueShield Preferred Provider Organization (PPO) or Point of Service (POS) options. After we receive your completed enrollment form, you will receive copies of the best sellers *What to Expect When You're Expecting* and *What to Expect the First Year*. You will also receive a \$50 credit to your PPO deductible. A \$50 refund check will be mailed to you if your deductible has been met or you are enrolled in the POS option. Please remember, after your baby is born you must contact your insurance preparer to add the baby to your insurance coverage.

To register for the program follow these simple steps: Visit your physician during your first trimester of pregnancy. Have your physician complete and sign the physician's section of the enrollment form. **Before your 17th week**, make a copy of your insurance identification card and mail or fax it with your completed enrollment form to: Division of Insurance Administration, 13th Floor, William R. Snodgrass Tennessee Tower, 312 Eighth Avenue North, Nashville, TN 37243, Fax Number 615.741.8196.

Once you have registered, you will receive a copy of the best sellers *What to Expect When You're Expecting* and *What to Expect the First Year*. The Division of Insurance Administration will contact the insurance company to initiate the \$50 credit or refund check.

After your baby is born, contact your insurance preparer to add your baby to your insurance coverage. An Enrollment/Change Application must be completed within 60 days of the date a dependent is acquired. The "acquire date" is the date of birth.



Return for \$50 credit to your deductible or \$50 refund check and for your copies of *What to Expect When You're Expecting* and *What to Expect the First Year*

Questions. Call 615.741.3590 or 1.800.253.9981 and ask for Babies First.

**Please print and attach a copy of your insurance card.**

Date .....

#### MOM TO BE

Name ..... SSN .....

Address ..... Work Phone (.....)

City, State, Zip ..... Home Phone (.....)

#### INSURED (if different from mom to be)

Name ..... SSN .....

Address ..... Work Phone (.....)

City, State, Zip ..... Home Phone (.....)

#### OTHER INFORMATION

In which plan of the State Group Insurance Program is the mom to be enrolled?

☐ State ☐ Local Education (K-12) ☐ Local Government

In what week of pregnancy is the mom to be? (Must be in the first trimester—under 17 weeks—to receive this benefit.) Week number .....

☐ Please send both books ☐ I already have the books, do not send.

#### PHYSICIAN (to be completed by doctor)

Name ..... Phone (.....)

Address .....

City ..... State ..... Zip .....

Date of First Prenatal Visit ..... Week of Pregnancy .....

Physician Signature .....

FA-0856 (Rev. 12/02)

[www.state.tn.us/finance/ins/](http://www.state.tn.us/finance/ins/)